League Roster

Rochester Park & Recreation Department 201 4 ST S.E. – Room 150 Rochester, MN 55904 (507) 328-2525

| Select One | : | Select One: | | | Select | One: | | | | |
|-------------------------|---------------|-------------|-------------|--------------|--------------------------|--------------|------------|--------------|-------|--------|
| ☐ Me | | ☐ Sprin | ıg 2010 | | | Volleyball | | | Foot | ball |
| ☐ Women's ☐ Summer 2010 | | | • | | ☐ Softball | | | ☐ Basketball | | |
| □ Co-ed | | ☐ Fall 2010 | | | | Fast Pitch | | | Bro | omball |
| | | □ Winte | er 2010/11 | | | Kick Ball | | | | |
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| | | | | | | ED NIGHT | | | | |
| | ME: | | | | AGUE; | | | | | |
| TEAM NA | | | | TEA | | CATION: | A A | A | D | c n |
| LAST YE. | AR: | | | CL/ | ASSIFI | CATION: | AA | A | D | СБ |
| MANAGE | kR: | | | PH | ONE# | | / | | | |
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| PLEASE I | PRINT OR SIGN | N YOUR NAM | E BELOW. ** | (All player | rs must | be 17 years | of ag | e and | above | e.)** |
| | | | | | | | | | | |
| DATE | | | TION FO | HOME ADDRESS | | | HOME DHOME | | | |
| ON/OFF | NAME OF PI | AYER | HOME. | HOME ADDRESS | | | HOME PHONE | | | |
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Every reasonable effort will be made to ensure safety and integrity of the facilities provided, but neither the City of Rochester, the staff, nor other affiliated parties assumes responsibility for any personal injury or other damages sustained by any participant, in return for the opportunity to participate in programs sponsored by the Park and Recreation Department. I acknowledge that there are certain risks (including risks of personal injury) associated with this and any other Park and Recreation activity, and I voluntarily assume all such risks for my child or myself. By signing this form, I hereby release and hold harmless the city of Rochester, program coordinator, employees, and each affiliated party from any and all damages, claims, and causes of action whatsoever for any loss or injury suffered by me and/or my child so that I or my child may be allowed to participate in programs sponsored by the Park and Recreation Department. I have read and fully understand this waiver, and have executed it voluntarily so that my child or I may be allowed to participate in programs sponsored by the Park and Recreation Department.

| DATE ON/OFF | NAME OF PLAYER | HOME ADDRESS | HOME PHONE |
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